PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

No.		
INO.		

	SCHOOL EXTRA-CU	RRICULA	R ACCOUNT	•	
PAID BY CHECK: No Purchased From Address Purchased For Deliver To	Date				
Send Invoice To					
TO THE DISBURS	ING OFFICER:				
The following	g expense is proposed, payable from the	э	 		Fund.
An invoice of by whom, rates per	r bill to be properly itemized must show: day, number of hours, rate per hour, no	kind of servi umber of unit	ice, where perfo s, price per unit	ormed, dates ser , etc.	vice rendered,
Quantity	Description		Unit	Price	Total
,			Total This Orde	er	
Signed: P	erson Authorized to Purchase			s an unobligated o pay the above	

Treasurer

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(Receiving Copy)

Nο			

SCHOOL	EXTRA	-CURRICUL	.AR	ACCOUNT

PAID BY CHECK:			DATE		
No Purchased From Address	Date 	,	_		
Purchased For Deliver To					
Send Invoice To					
TO THE DISBURS	SING OFFICER:				
The followin	g expense is proposed, payable from the	e			Fund.
No payment	t is to be made for this order until the SA	-1 Form is pro	operly filed and	the items have	been received.
An invoice of by whom, rates pe	or bill to be properly itemized must show: er day, number of hours, rate per hour, no	kind of servi umber of unit	ice, where perfo s, price per unit	ormed, dates se t, etc.	ervice rendered,
Quantity	Description		Unit	Price	Total
			Total This Ord	er	
Signed:F	Person Authorized to Purchase	applicable	ertify that there fund sufficient	to pay the abov	ed balance in the e order.
			T	reasurer	
(are) true and corr itemized thereon f	at the attached invoice(s), or bill(s), is rect and that the materials or services for which charge is made were ordered ept				
Date:	,				
Signed:	Signature				
	Signature				

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(File Copy)

Nο			
131(1)			

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:	Date	,	DATE _		
Purchased From Address Purchased For Deliver To Send Invoice To					
TO THE DISBURS	ING OFFICER:				
The following	g expense is proposed, payable from the	e			Fund.
No payment	is to be made for this order until the SA	-1 Form is pro	operly filed and	I the items have	been received.
An invoice or by whom, rates per	bill to be properly itemized must show: day, number of hours, rate per hour, no	kind of servi umber of units	ce, where perf s, price per uni	ormed, dates sei t, etc.	rvice rendered,
Quantity	Description		Unit	Price	Total
			Total This Ord	der	
Signed: Po	erson Authorized to Purchase	applicable t		is an unobligated to pay the above	
			Т	reasurer	
(are) true and correitemized thereon for	the attached invoice(s), or bill(s), is ect and that the materials or services or which charge is made were ordered ot	(are) true a	rtify that the at nd correct and with IC 5-11-	tached invoice(s I I have audited s 10-1.6.), or bill(s), is ame in
Date:	,	Date:			
Signed:					

Treasurer

Signature

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS	GROSS	FEDERAL	SOCIAL	STATE					PERIOD	EMPLOYEE
WORKED	PAY	WITH. TAX	SECURITY	WITH. TAX	INSURANCE				ENDING	DETACH
										BEFORE
										CASHING
ESCRIBED	BY STATE	E BOARD OF A	CCOUNTS						FORM No.	SA-2 (Rev. 1970
				SCHOOL	EXTRA-CUR	RICULAR A	CCOUNT			
			_		(NAME OF	SCHOOL)			No	
Purpose P.O. No. Claim No.			Pay to the order of			_, Indiana		E	*	
Payable a	ıt			S					Do:	llars
			Superintend	ent or Prin	cipal			7	reasurer	
					SPACE FOR	M.I.C.R.				

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING
RESCRIBED	BY STATE	E BOARD OF A	ACCOUNTS						FORM No.	SA-2 (Rev. 1970
			-		EXTRA-CUR				No	
Fund Purpose _ P.O. No. Claim No.			Pay to the			, Indiana	T	E		
Invoice N			order of			M.J.			\$ Dol	lars
Payable a	it			S	NON - NEG	GOTIABLE				
					SPACE FOR	M.I.C.R.				

DUPLICATE

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

_	SCHOOL			
	, IN	No.		
		ent Type and Amount		
	Cash Check/Draft Mo Amount Amount Amo	Credit Card/ D Bank Card	EFT Amount	Other
RECEIVED FROM		\$		
THE SUM OF			DOLLARS	
FOR DEPOSIT TO THE CREDIT OF	(Activity)		FUND	
SOURCE	(Activity)			
		REASURER		
	ORIGINAL			
Prescribed by State Board of Accounts	RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT	Form	No. SA-3 (Re	evised 1997)
_	SCHOOL			
	, IN	No.		
	Paym	ent Type and Amount		
	Cash Check/Draft Mo Amount Amount Amo		EFT Amount	Other
RECEIVED FROM		\$		
	DIE		DOLLARS	
THE SUM OF FOR DEPOSIT TO THE CREDIT OF	A MP LI			
THE SUM OF	(Activity)		DOLLARS	

DUPLICATE

TICKET SALES

					TOWN OR CI	TY		
R				-	ACTIVITY			
	Т	ICKETS]		
							TOTAL	
KIND	ISSUEI)	RETURN	ED	TICKETS	PRICE	AMOUNT	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.	SOLD		SALES	
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	TOTAL) 1						
	1101712							
e by				Verified	and Approved	bv		
,	(Title)						Official or Sponsor)	
			0.5	RIGINAL				
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SA-4) Prescribed b	y State Board of Accoun	ts					No	
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			TICKI	ET SAL	ES			
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IE				-	TOWN OR CI			
1EER	Ţ	ICKETS		-	TOWN OR CI DATE ACTIVITY		TOTAL	
1E	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE—————ER————	Ţ	ICKETS		-	TOWN OR CI DATE ACTIVITY		TOTAL	
ER	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE—————ER————	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
1EER	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
ME	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE	ISSUEI SERIAL NO.	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IER	ISSUEI SERIAL NO.	TICKETS	RETURN	ED AMT.	TOWN OR CIDATE ACTIVITY TICKETS	PRICE	TOTAL AMOUNT	

FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

School
SCHEDULE OF BALANCES
RECEIPTS AND EXPENDITURES OF
SCHOOL EXTRA-CURRICULAR ACCOUNT

From _		,	
To		,	

	BALANCE	RECEIPTS		BALANCE
	BEGINNING	DURING	EXPENDITURES	
NAME OF FUND	OF PERIOD	PERIOD		PERIOD
	1	2	3	4
	\$	\$	\$	\$
TOTAL ALL FUNDS	\$	\$	\$	\$

CASH RECONCILEMENT

NAME OF BANK	LOCATION
DEPOSITORY BALANCE	\$
CASH ON HAND (ADD)	
TOTAL CASH ON HAND AND IN DEPOSITORY	\$
TOTAL OF OUTSTANDING CHECKS (DEDUCT)	
BALANCE	\$

OUTSTANDING CHECKS	
,	

		1			1		
DATE	NUMBER	AMOUNT		DATE	NUMBER	AMOUN	Т
		\$	BRO	UGHT FO	RWARD	\$	
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				$\sqrt{}$	\mathcal{M}_{Λ}		
	1						
CARRIED FORWA	RD	\$	тот	AL		\$	

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

REC	EIPTS		
SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT	
		\$	
$\overline{\Lambda}$			
TOTAL RECEIPTS		\$	

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

The bank in which	all moneys of this account are deposited is:
	Name of Bank
	Location of Bank
Date school officially	closed,,
	BOND OF SCHOOL TREASURER
Name of Surety Amount of Bond \$ Date of Expiration	
I,Principal, of the	CATE SE SCHOOL TREASURER/PRINCIPAL , Treasurer,, School
account is true and corcertify that copies of	nt, hereby certify that the foregoing report of the said crect to the best of my knowledge and belief. I further this report have been filed with the officers eceive copies of said report.
	Treasurer
	Principal
COPIES TO BE FILED AS F	OLLOWS:
Township School:	1 copy to Township Trustee 1 copy to County Superintendent
School Corporation:	<pre>1 copy to Board of School Trustees or Board of School Commissioners 1 copy to Superintendent of Schools</pre>

Prescribed by State Board of Accounts Form SA-6 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT

FUND NO.	FUND	
----------	------	--

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
2								2
3								3
4						4		4
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CLAIM FOR PAYMENT

				No	
	SCHOOL EXTRA	-CURRICULAR A	CCOUNT		
PAID BY CHECK:	Date		DATE _		
Purchased From Address Purchased For Delivered To					
O THE DISBURSING O					
	ense is proposed, payable from th	e		Fund	
An invoice or bill to	e made for this order until the SA be properly itemized must show mber of hours, rate per hour, num	kind of service, whe	re performed, da		
Quantity	Description		Unit	Price	Total
			Total This Orde	r	\$
		Approved for Paym	ent	Signature	
I hereby certify tha thereon for which charge	t the attached invoice(s), or bill(s) is made were ordered and receive	, is (are) true and corr ved except	rect and that the	materials or se	ervices itemiz
Date	,	Signed:	Sian	ature	
I hereby certify tha with IC 5-11-10-1.6.	t the attached invoice(s), or bill(s)	, is (are) true and cor			n accordance

Treasurer

INVENTORY OF RENTAL TEXTBOOKS

Date	Name of School or School Corporation

NAME OF				
PUBLISHING	NAME OF TEXTBOOK OR		RETAIL	TOTAL
COMPANY	SERIES OF TEXTBOOKS	QUANTITY	PRICE	VALUE
		1	7	
		1	4,	
	- 1			

		OFFIC	CIAL RECEIP	TS - INDIVID	OUAL TEXTBO	OOK RENTA	AL LIST		
				S	CHOOL,		, INDIANA	Receipt	0001
	Date			Name of Stud	dent		Grade		
				Pavment Tvi	pe and Amount			1	
		Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other		
Quantity		Description	n - Name - Series - 0	Code		Unit Price	Total Rental Fee	For U	lse of Issuing Officer
			~	MP		1			
			3						
al Received						\$	\$		

damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with

Issuing Officer

a reference to such attached list instead of further itemization.

School _____

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date _____

												DA	Y OF	МО	NTH	н МІ	EAL	PRO	OVIE	DED										
NAME/POSITION	1	2	3	4	5	6	7	8	9	10											22	23	24	25	26	27	28	29	30	31
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I certify that the above named indi-	riduals received meals on the dates designated in acc	ordance with written School
Board Policy.		
	Authorized Signature	

Form Prescribed by State Board of Accounts School Form SF-2 (Revised 1998) SCHOOL FOOD SERVICE

SCHOOL FOOD SERVICE DAILY RECORD OF CASH RECEIVED

School CASH RECEIVED FOR FEDERAL REIMBURSEMENTS DATE TOTAL LUNCH OTHER RECEIPTS BREAKFAST KIND. STUDENT ADULT PREPAID PREPAID STATE **SPECIAL** Ν CASH ALA ALA PREPAID FOOD FOOD MATCH Ε **RECEIPTS** STUDENT ADULT STUDENT ADULT MILK CARTE CARTE FOOD APPLIED TRUST **FUNDS** PROGRAM AMOUNT Ε No No 1 2 3 4 5 6 7 8 10 10 11 11 12 12 13 13 14 14 15 15 16 17 16 17 18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31 32 32 TOTALS

School

SCHOOL FOOD SERVICE SF-2A DAILY RECORD OF MEALS/MILK SERVED

					NSLP						ΔFTFR	SCHOO	DL SUP.			ĺ			SBP							$\overline{}$
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E No	Date	Paid	Free	Redu.	Total	Adult	Other Meals	NSLP Meals	Paid	Free	Redu.	Total	Paid Meals	Other Meals	SUP	Paid	Free	Redu.	Total	Paid Meals	Other Meals	SBP	Paid	Free	Total	E
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ate	Signature

Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE CASH DISBURSEMENTS School School

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I N E No	Date	Check Number	Vendor/ Description		Food		Se A	bor - rvice rea ection		Labor - Food Prep. & Dispensing		luip chase	e	Eq. Rep			Misc/ Other		Description of Misc/Other Expense		TOTA BUR		PREPAID FOOD TRUST		VAILA CAS BALAN	н	BAI	_ANC	E I	I N E No
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Form Prescribed by State Board of Accounts School Form SF-4 (Revised 1998) SCHOOL FOOD SERVICE LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCE

ECEIPTS, DISBURSEMENTS AND BALANCE	
	School

L							CASH	RECE	EIPTS															CASH DISBUF	RSEME	NTS								L
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33																																		33

SCHOOL FOOD SERVICE TICKET CONTROL

	Type of Ticket		
School		School Year	

Ticket Numbers	School	Date	Signature
		$\sqrt{\lambda}$	
		1	
_			

SCHOOL	FOOD	SERVICE
FOLIPME	INI TIN	/FNTORY

_	_	
Page	of	

SCHOOL					Date	
			PURCHASE		MODEL OR	
	ITEM / DESCRIPTION	QUANTITY	DATE	BRAND NAME	SERIAL NUMBER	COST

SCHOOL FOOD SERVICE FOOD INVENTORY

Page	of
------	----

School Date Beginning Inventory Ending Inventory

\$			
\$			

Item Description	Unit Size	No. Units	Unit Cost	Total Value
		1	TA.	
	// //	1)2		

Governmental Unit

RECEIPT REGISTER

													Paymen	nt Type	e and A	mount					
Receipt Date	Receipt Number	Receipt Amount	Received From	Fund	Description	A	Cash Amount			Check/Draft Amount		t	MO Amount		Credit Card/ Bank Card Amount			EFT Amount		Other	
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